

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Registrar Only

12732

Township of

or
In Town ofCity of Anderson (No. 28 St. 3 Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No.

Registered No. 150
(For use of Local Registrar)(2) Full Name of Child Dorothy S. Miller If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER <u>girl</u>	(4) Type of Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>March 3 1923</u>
----------------------------------	--	--	---------------------------------------	--

FATHER.

(8) FULL NAME Howard Miller(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION brick layer

(14) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Porter(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness when question 23 is signed by mark)

ANDERSON, S. C.

(27) Filed

(28) Local Registrar

19 23
Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

a Supplementary report

Address

Filed

19

Return

Registrar